



Form 176-I Preferred Provider Gross Revenue Excise Return

2000

**Massachusetts
Department of
Revenue**

Taxable under the provisions of MGL Chapter 63, section 23 as provided by Chapter 176-I, section 11. For the taxable year ending December 31, 2000.

Name of corporation	Federal Identification number
Address of principal office	Department of Revenue use only
Mailing address	Organized under the laws of
Name of treasurer	Approval date from Division of Insurance
Type of organization:	<input type="checkbox"/> Accident and health insurer <input type="checkbox"/> Optometric service corporation <input type="checkbox"/> Other _____
	<input type="checkbox"/> Nonprofit hospital <input type="checkbox"/> Nonprofit medical service corporation
	<input type="checkbox"/> HMO <input type="checkbox"/> Dental service corporation

Has the federal government changed your taxable income for any prior year which has not yet been reported to Massachusetts? ☐ Yes ☐ No.
If "Yes," report such change on Form CA-6, Application for Abatement/Amended Return, within three months of the final federal determination.

Computation of Excise

Income

Use whole dollar method

- 1 Gross premiums received for coverage of covered persons residing in the Commonwealth ▶ 1 \$
- (premiums for Medicare Supplemental Coverage are **excludable**)
- 2 Premiums returned or credited to policyholders as dividends (unabsorbed premium deposits) on direct business ▶ 2

Excise

- 3 Taxable amount. Subtract line 2 from line 1. 3
- 4 Tax at 2.28%. Multiply line 3 by .0228. ▶ 4
- 5 Economic Opportunity Area Credit (Schedule EOA, line 9). If this credit was claimed on Form 63-20-23, DL-1 or DL-2, do not claim it on this form ▶ 5
- 6 Full Employment Credit (Schedule FEC). If this credit was claimed on Form 63-20-23, DL-1 or DL-2, do not claim it on this form ▶ 6
- 7 Excise due before voluntary contribution. Subtract the total of line 5 and line 6 from line 4. Not less than "0" 7
- 8 Voluntary contribution for endangered wildlife conservation ▶ 8
- 9 Excise due plus voluntary contribution. Add line 7 and line 8 ▶ 9

Payment

- 10 1999 overpayment applied to 2000 estimated tax ▶ 10 \$
- 11 2000 Massachusetts estimated tax payments (do not include amount from line 10) ▶ 11
- 12 Payments made with extension ▶ 12
- 13 Total payments. Add lines 10, 11 and 12. 13

Refund or Balance Due

- 14 Amount overpaid. Subtract line 9 from line 13. 14
- 15 Amount overpaid to be credited to 2001 estimated tax ▶ 15
- 16 Amount overpaid to be refunded. Subtract line 15 from line 14. ▶ 16
- 17 Balance due. Subtract line 13 from line 9. 17
- 18 M-2220 penalty ▶ \$ _____; Other penalties ▶ \$ _____; Total penalty 18
- 19 Interest on unpaid balance ▶ 19
- 20 Total payment due at time of filing. ▶ 20

Declaration

Under the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has knowledge.

Authorized signature	Social Security number	Title	Date
Individual or firm signature of preparer	Employer Identification number	Address	Date

▶

If you are signing as an authorized delegate of the appropriate corporate officer, check here ☐ and attach Massachusetts Form M-2848, Power of Attorney.

This return, together with payment in full, is due on or before **March 15, 2001**. Mail to: **Massachusetts Department of Revenue, PO Box 7052, Boston, MA 02204**. Make remittance payable to: **Commonwealth of Massachusetts**.